

If you obtain a permit and are unable to use it you may have a couple of different options. Under certain circumstances the division is able to offer refunds or variances (season extension or point award).

Please read below to see if you meet the criteria and whether a refund or a variance is the best option for you.

**REFUNDS:** Under Utah Code 23-19-38 and Administrative Rule R657-42, the division is able to process a refund for the following reasons:

- Illness or injury to permit holder – permit must be submitted before the season ends for which the permit was issued. The physician's statement or physician's signature box on attached form must show that the applicant is completely precluded from the permitted activity.
- Military deployment or mobilization – refund request must be made to the division within one year of the hunting or fishing season. Documentation must verify that the deployment or mobilization completely precluded the applicant from participating in the activity authorized by the license, permit or certificate of registration.
- Death of permit holder – refund may occur if the permit holder to whom it was issued dies prior to use of the hunting or fishing activity authorized by the license, permit or certificate of registration.
- Other – refund may occur on a limited entry or once-in-a-lifetime permit if the permit is turned in to the Division no less than 30 days before the season-opening date. Under these circumstances, you may receive a refund of the permit fee minus a \$25.00 fee.

**VARIANCES:** Under Administrative Rule R657-57-7 the division is able to grant a season extension or point award. Applicant must be completely precluded from participating in hunting activity or was completely precluded or substantially impaired from filing a timely application due to:

- Personal illness or injury, or
- Significant illness or injury or death of an immediate family member, or
- Mobilization or deployment in Armed Forces

Variance requests must be submitted within 200 days of season closing date.

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When filling out the attached form you must select one option only; refund or variance.

Submit the license, certificate or permit along with this application. Please be aware of the different timelines required when submitting documents. The application may be submitted separately from the permit if more time is needed to obtain the physician signature or to gather other required documentation.

Different refunds require different documentation. A delay will occur if you submit your paperwork without all required documents. Please see form for requirements.

Mail the completed form and any attachments to the address listed on the form or submit the application to any division office.

For more information concerning refunds or variances please visit [wildlife.utah.gov/licenses](http://wildlife.utah.gov/licenses) or Administrative Rule R657-42 for refunds or R657-57-7 for variances. Additional refund or variance questions? Please call 801-538-4700 or email [dwrrefunds@utah.gov](mailto:dwrrefunds@utah.gov).



## APPLICATION FOR REFUND or VARIANCE REQUEST

Customer Identification # \_\_\_\_\_ or Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permit # \_\_\_\_\_

### **I am submitting this form due to: (check one box only)**

- ☐ Illness or Injury of the permit holder *(may qualify for variance or refund)* **Go to Section 1**
- ☐ Military Deployment or Mobilization *(may qualify for variance or refund)* **Go to Section 1**
- ☐ Death of permit holder *(may qualify for refund only)* **Go to Section 1**
- ☐ Illness, injury or death of immediate family member *(may qualify for variance only)* **Go to Section 1**
- ☐ Other – Refund minus \$25.00 fee (does not apply to general season) **Go to Section 4** – Sign and date this form

### **Section 1**

#### **I AM APPLYING FOR: (check one box only)**

- ☐ **Refund (Go to Section 2 below)**
- ☐ **Variance (Go to Section 3 on back)**

### **Section 2**

#### **REFUND**

**(only fill out this portion if applying for a refund)**

#### **Refund for Illness or Injury:**

- ☐ **Physician must completely fill out and sign statement below or provide physician's statement with the same information on official letterhead**

#### **PHYSICIAN'S STATEMENT – Use this for Refund only – if applying for Variance see back of form**

**(Must be completed and signed by physician or attach a physician statement on the appropriate letterhead)  
The applicant is completely precluded from the permitted activity due to illness or injury**

**Physician Signature** \_\_\_\_\_ **Illness or Injury** \_\_\_\_\_ **Date of Illness or Injury** \_\_\_\_\_

**Physician Name (print)** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

- **Go to Section 4** – Sign and date this form

#### **Refund for Military deployment or mobilization:**

- ☐ Attach a copy of military orders, **or** Letter from an employment supervisor on official public health or public safety organization letterhead stating: The branch of the United States Armed Forces, or name of the public health organization or public safety organization from which they were deployed or mobilized; and the nature and length of their duty while deployed or mobilized; **and**
- ☐ License, permit or certificate, to be refunded
- **Go to Section 4** – Sign and date this form

#### **Refund for a Decedent:**

- ☐ Attach picture identification (of the legal heir); **and**
- ☐ Proper identification establishing the person is legally entitled to administer the decedent's estate (will, testament or notarized affidavit for collection of personal property); **and**
- ☐ Photocopy of the decedent's certified death certificate; **and**
- ☐ License, permit, or certificate to be refunded
- **Go to Section 4** – Sign and date this form

### Section 3

#### VARIANCE

(only fill out this portion if applying for variance)

**I am submitting this variance request due to: (check one box only)**

- ☐ Illness or injury of the permit holder ☐ Military deployment or mobilization
- ☐ Illness, injury or death of immediate family member ☐ Other

**Brief statement explaining Variance Request:**

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Include attachment if more room needed.....

**I am requesting:**

- ☐ **Season Extension** – must be for same hunt, unit, species, weapon type, and season in the **following** year
- Applicant must be completely precluded from participating in hunting due to above reason.
- ☐ **Bonus or Preference Point award**
- Applicant must be completely precluded or substantially impaired from filing a timely application in a division administered drawing due to above reason.

**Request for a Variance – Attach one of the following documents:**

- ☐ Doctor Documentation on official letterhead (for permit holder or immediate family member); **or**
- ☐ Military orders or letter from an employment supervisor on official public health or public safety organization letterhead; **or**
- ☐ Copy of death certificate of immediate family member
- ☐ Go to: [wildlife.utah.gov/dwr/hunting](http://wildlife.utah.gov/dwr/hunting) and report your harvest survey
- **Go to Section 4** – Sign and date this form

### Section 4

I hereby certify under oath that the above information is true and correct, that I am eligible to obtain a refund or variance for the attached license, certificate, or permit in accordance with Utah Code Ann., Sec. 23-19-38, and R657-57-7 and, that I have not and am unable to participate in the noted activity due to illness/injury, military deployment/mobilization or other as noted on application. Application is subject to verification.

**SIGN HERE**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail to:**  
**Division of Wildlife Resources**  
**Attn: Licensing**  
**1594 West North Temple, Suite 2110**  
**PO Box 146301**  
**Salt Lake City, Utah 84114-6301**



#### **FOR OFFICE USE ONLY:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(DWR personnel accepting application) (Region Office)

REVISED 10/11